



2016-2017 MINNESOTA GI BILL - OJT/APPRENTICESHIP APPLICATION

Submit application along with a copy of your DD 214 (#4) and W-9 form to:
MDVA Higher Education Veterans Program, 20 West 12th St., St. Paul, MN 55155
For questions, please call 651.201.8227

1. Applicant Name (last, first, middle)	
2. Social Security Number	3. Are you a Minnesota resident (See instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Street Address	
5. City & Zip Code State <div style="text-align: center;">MN</div>	6. County
7. E-mail	8. Telephone Number <div style="text-align: center;">()</div>
9. I am: (See instructions) <input type="checkbox"/> A veteran who is serving or has served honorably in the U.S. armed forces at any time <input type="checkbox"/> A non-veteran who served honorably in the National Guard or any other active or reserve component of the U.S. armed forces for 5 or more years cumulatively and any part of that service occurred on or after September 11, 2001 <input type="checkbox"/> A surviving <input type="checkbox"/> spouse or <input type="checkbox"/> dependent of a person who has served in the military and who has died as a direct result of military service, or who has a total and permanent service-connected disability as rated by the U.S. Dept. of Veterans Affairs <p style="text-align: center;">A COPY OF THE SERVICE MEMBER'S DD 214 (#4) AND/OR ANY OTHER REQUIRED DOCUMENTATION IN SUPPORT OF THE ITEM CHECKED ABOVE MUST BE SUBMITTED WITH APPLICATION</p>	
10. Branch of Service Army Navy Marines Air Force Coast Guard	11. Type of Service Regular National Guard Reserve
12. Dates of Military Service From _____ To _____	13. Most recent period of active duty for National Guard and Reserves From _____ To _____
14. Have you ever received any Minnesota GI Bill funds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and when? _____	
APPLICANT CERTIFICATION: Check the box next to each statement indicating that you have read and understand the statement. <input type="checkbox"/> I understand and accept the obligation to provide a written report to MDVA of any changes provided on this application <input type="checkbox"/> I give permission to my employer and MDVA to verify the information provided on this application <input type="checkbox"/> I certify that the information on this application is true and correct and I will provide additional documentation if requested. I understand that this form is used to establish eligibility for the MN GI Bill program and that if I purposely give false or misleading information on this form, I will be subject to forfeiture of future awards from this program <input type="checkbox"/> I understand that all awards are subject to the availability of funds	
Applicant Signature	Date <div style="text-align: center;">/ /</div>



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This section is to be completed by the Employer, JAC, JATC and MDVA staff only

TO BE COMPLETED BY JAC, JATC OR EMPLOYER		
Apprenticeship completed by JAC or JATC		
OJT completed by employer		
15. Name of JAC, JATC, Employer or State Agency		16. Telephone Number ()
17. Street Address		
18. City & Zip Code	State MN	19. County
20. Point of Contact and Email		
21. Length of Training Program months	22. Training Start Date	23. Estimated Training End Date
Authorized Employer Signature		Date / /

TO BE COMPLETED BY MDVA STAFF		
24. Date Application Received	25. Total Amount Approved \$	26. Application Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied
Authorized MDVA Signature		Date / /

1st payment _____

2nd payment _____

3rd payment _____

4th payment _____

5th payment _____

6th payment _____

7th payment _____

Payment Dates Approved _____

MINNESOTA OJT/APPRENTICESHIP GI BILL APPLICATION INSTRUCTIONS

- Step 1.** Applicant completes the application once per training program.
- Step 2.** Minnesota Department of Veterans Affairs determines the Minnesota GI Bill benefit amount and notifies eligible applicant.
- Step 3.** If any of the federal Veterans benefits reported on the application changes, the applicant must notify the Minnesota Department of Veterans Affairs.

The Minnesota GI Bill awards a maximum benefit amount of up to \$2,000 per fiscal year (July 1 through June 30), and a lifetime (aggregate) maximum benefit of up to \$9,000 (\$7,000 - employee, \$2,000 - employer).

The applicant must:

- Be a current Minnesota resident
- Apply during the OJT/apprenticeship training period
- Be less than 62 years old before the beginning of the OJT/apprenticeship training period
- Be current on child support obligations, if applicable
- Be enrolled in a SAA approved OJT/apprenticeship program

APPLICATION QUESTIONS

Question #4: For the purposes of this section, “resident” means a person living in Minnesota for at least 30 days with the intention of residing in the state and not for any temporary purpose. An applicant may verify a residence address by presenting a valid state driver’s license, a state identification card, a voter registration card, a rent receipt, a statement by the landlord, apartment manager, or homeowner verifying that the individual is residing at the address, or other form of verification approved by the commissioner.

Question #10: In order to be eligible, an applicant must meet one of the following three definitions:

1. A **veteran** who is serving or has served honorably in the U.S. armed forces at any time and is a
 - Service member who was discharged under honorable conditions after serving on active duty for 181 consecutive days or was discharged under honorable conditions due to a disability incurred while on active duty; or
 - Service member who has served on active duty for 90 days or more in a foreign country during a “time of hostilities” or received a service-related medical discharge during any period of service in a foreign country during a “time of hostilities”; or
 - Service member who has been awarded any of the following medals: (i) Armed Forces Expeditionary Medal; (ii) Kosovo Campaign Medal; (iii) Afghanistan Campaign Medal; (iv) Iraq Campaign Medal; (v) Global War on Terrorism Expeditionary Medal; (vi) any other campaign medal authorized for service after September 11, 2001;
2. A **non-veteran** who served honorably in the Minnesota National Guard or any other active or reserve component of the U.S. armed forces for 5 or more years cumulatively and any part of that service occurred on or after September 11, 2001;
3. A **surviving spouse or dependent** of a person who has served in the military at any time and who has died as a direct result of military service or who has a total and permanent service-connected disability as rated by the U.S. Department of Veterans Affairs. Must be eligible for Chapter 35 or Chapter 33.

APPLICANT CERTIFICATION

Check each box to show you have read the statements in this section, sign, date and send application along with your DD 214 and W-9 form to:

**Minnesota Department of Veterans Affairs
Higher Education Veterans Program
20 West 12th St., St. Paul, MN 55155**

For questions, please call 651.201.8227

Questions 15-23: This bold-blocked section is to be completed, signed and dated by the JAC, JATC or employer ONLY.

Questions 24-26: This bold-blocked section is to be completed, signed and dated by MDVA Staff ONLY.